

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:02

DOCUMENT # **N46406** (7)
1. Corporation Name
SALVATION MINISTRIES INCORPORATED

Principal Place of Business Mailing Address
C/O 14 NEPTUNE DRIVE MARY ESTHER FL 32569 **C/O 14 NEPTUNE DRIVE MARY ESTHER FL 32569**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/09/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3100051** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 354** 26 **P.O. Box 354**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State **FORT WALTON BEACH, FL** 28 City & State **FORT WALTON BEACH, FL**

24 Zip **32549-0354** 25 Country **USA** 29 Zip **32549-0354** 30 Country **USA**

9. Name and Address of Current Registered Agent
**HARRIS, GEORGIA L
14 NEPTUNE DRIVE
MARY ESTHER FL 32569**

10. Name and Address of New Registered Agent

81 Name **CECIL WILLIAMS**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **7 TOOKE**

84 City **FORT WALTON BEACH FL** 85 Zip Code **32548**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **PRESIDENT** **APRIL 27, 1995**
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	CP
NAME	HARRIS, GEORGIA L.
STREET ADDRESS	14 NEPTUNE DRIVE
CITY - ST - ZIP	MARY ESTHER FL
TITLE	ST
NAME	DREW, KATHY D
STREET ADDRESS	33 MAYO ST.
CITY - ST - ZIP	HURLBURT FLD FL
TITLE	D
NAME	LUCKETT, MIKE
STREET ADDRESS	901 TOKALON ST, #3
CITY - ST - ZIP	FT WALTON BCH FL
TITLE	D
NAME	HIPSHER, ISHAM C.
STREET ADDRESS	318 ECHO CIRCLE
CITY - ST - ZIP	FT WALTON BCH FL
TITLE	D
NAME	WARD, GERALD
STREET ADDRESS	538 DESOTO CIRCLE
CITY - ST - ZIP	EGLIN AFB FL
TITLE	D
NAME	MINTER-SMITH, SHIRLEY D.
STREET ADDRESS	900 AVALONE LANE
CITY - ST - ZIP	SHAUMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WILBERT L. MICKENS, JR
13 STREET ADDRESS	357 CANTERBURY CIRCLE
14 CITY - ST - ZIP	FORT WALTON BEACH, FL 32548
21 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CECIL WILLIAMS
23 STREET ADDRESS	7 TOOKE STREET
24 CITY - ST - ZIP	FORT WALTON BEACH, FL 32548
31 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MOSE JOHNSON
33 STREET ADDRESS	408 EMERALD COURT
34 CITY - ST - ZIP	MARY ESTHER, FL 32569
41 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TINO L BELL (N/A)
43 STREET ADDRESS	P.O. Box 273
44 CITY - ST - ZIP	GOLDSBORO, N.C. 27533
51 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ADDIE L. RICHBURG-HOBAS (N/A)
53 STREET ADDRESS	PO. Box 507
54 CITY - ST - ZIP	GOLDSBORO, N.C. 27533
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **CHAIRMAN** **APRIL 27, 1995** (904)6642941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #